



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

April 13, 2007

Victoriana Andonegui Ireland, Administrator
Spring Creek Manor IV, LLC
653 N Eagle Rd
Eagle, ID 83616

License #: RC-780

Dear Ms. Ireland:

On February 21, 2007, a life safety code survey was conducted at Spring Creek Manor IV, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

February 23, 2007

Victoriana Andonegui Ireland, Administrator
Spring Creek Manor IV, LLC
653 N Eagle Rd
Eagle, ID 83616

Dear Ms. Andonegui Ireland:

On February 21, 2007, a life safety code survey was conducted at Spring Creek Manor IV, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 23, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Grimes', with a long horizontal flourish extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R780	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2007
NAME OF PROVIDER OR SUPPLIER SPRING CREEK MANOR IV, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 653 N EAGLE RD EAGLE, ID 83616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 21, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

40S821

If continuation sheet 1 of 1



Facility Name <i>Spring Creek Manor</i>	Physical Address <i>653 N Eagle Rd.</i>	Phone Number <i>(208) 938-5578</i>
Administrator <i>Victoria A Andonogui-Ireland</i>	City <i>Eagle ID</i>	ZIP Code <i>83616</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>2-21-7</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	405.05	The Laundry room has A door stop installed and is holding the door open.		
2.		The Laundry room has AN Alcohol based hand rub dispenser installed Above the light switch.		
3.		The Wellness Center has AN Alcohol based hand rub dispenser installed Above the Light switch.		
4.		Resident Room # 28 is missing escutcheon plate.		
5.		Resident Room # 24 has A one inch by two inch hole Around the escutcheon plate.		
6.		Resident Room # 23 is missing the escutcheon plate in closet.		
7.		The bathroom closet in the bathroom by room # 20 is missing the escutcheon plate.		
8.		Resident room # 1 closet is missing the escutcheon plate.		

Response Required Date

Signature of Facility Representative

Date Signed

3-21-7

Victoria Ireland



Facility Name <i>Spring Creek Manor</i>	Physical Address <i>653 N Eagle Rd.</i>	Phone Number <i>(208) 938-5578</i>
Administrator <i>Victoria Ann Andonewski - Ireland</i>	City <i>Eagle Id</i>	ZIP Code <i>83616</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>2-21-7</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
9	405.05	Resident room #16 is missing escutcheon plates in both closets.		
10.		The corridor has a one half inch hole in ceiling around the escutcheon plate by room #10.		
11.		Resident room #7 has one half inch hole around escutcheon plate in the closet.		
12.		The Living room has two slipped down escutcheon plates, and another with a one half inch hole around the plate.		
13.		The mechanical room has four pipe penetration that are not sealed. One of these is a four inch hole.		
14.		The emergency light in Living room does not work.		
15.	415.05	The last annual sprinkler inspection was February, two, 2006.		
16.	410.02	The facility did not conduct fire drills on each shift each quarter.		

Response Required Date <i>3-21-7</i>	Signature of Facility Representative <i>Victoria Ann Andonewski</i>	Date Signed
---	--	-------------